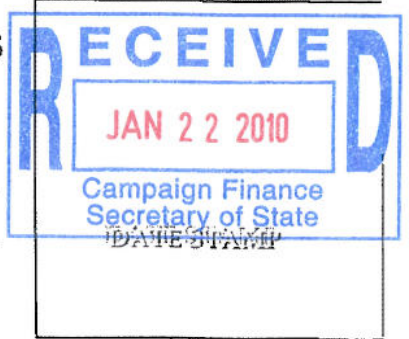


Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name Linda F. Coleman
Full Address 1389 Cedar Road
Telephone 662.741.3272 (Fax) 662.843.3972
E-mail lfcoleman@cableone.net
Office Sought House of Representatives, Dist. 29 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions		\$ 1,725.00	\$ 1,725.00
Total amount of disbursements		\$ 1,839.49	\$ 1,839.49
Total amount of cash on hand		\$ 2,500.51	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Linda F. Coleman
Signature of Candidate

01/22/2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee PAC</u>		<u>10 / 30 / 09</u>	\$ <u>275.00</u>
Mailing Address <u>100 Abbott Park Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>275.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi PAC</u>		<u>11 / 23 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital Street, Landmark Center, Room 703</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research + Manufacturers of America</u>		<u>12 / 11 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>950 F Street, NW</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Washington, DC 20004</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company State PAC</u>		<u>12 / 31 / 09</u>	\$ <u>200.00</u>
Mailing Address <u>2992 West Beach Boulevard</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Post Office Box 4079, Gulfport, MS 39505-4079</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>200.00</u>

SS04-05

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Enterprise Holdings, Inc. PAC</u>	<u>12 / 31 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>600 Corporate Park Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>St. Louis MO 63105</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

SS04-05

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Victory-PAC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Post Office Box 55502</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39296</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

SS04-06